Georgia Department of Community Health

2010 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP634

Facility Name: Northside Hospital

County: Fulton

Street Address: 1000 Johnson Ferry Road NE

City: Atlanta

Zip: 30342-1611

Mailing Address: 1000 Johnson Ferry Road NE

Mailing City: Atlanta

Mailing Zip: 30342-1611

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2010 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
From: 10/1/2009 To:9/30/2010

Please indicate your cost report year.
From: 10/01/2009 To:09/30/2010

Check the box to the right if your facility was **not** operational for the entire year. ☐
If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Shannon Asbury

Contact Title: Director of Finance/System Controller

Phone: 404-303-3621

Fax: 404-303-3820

E-mail: shannon.asbury@northside.com

Part C : Financial Data and Indigent and Charity Care

1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	1,048,936,163
Total Inpatient Admissions accounting for Inpatient Revenue	42,862
Outpatient Gross Patient Revenue	846,776,169
Total Outpatient Visits accounting for Outpatient Revenue	289,815
Medicare Contractual Adjustments	304,224,090
Medicaid Contractual Adjustments	141,600,807
Other Contractual Adjustments:	669,544,528
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,644,510
Uncompensated Indigent Care (net):	10,763,261
Uncompensated Charity Care (net):	52,721,126
Other Free Care:	26,579,451
Other Revenue/Gains:	29,392,738
Total Expenses:	649,862,506

2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	0
Employee Discounts	0
	0
Total	**0**

Part D : Indigent/Charity Care Policies and Agreements

1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2010? (Check box if yes.) ☑

2. Effective Date

What was the effective date of the policy or policies in effect during 2010?

01/22/2010

3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

Director of Business Office

4. Charity Care Provisions

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.) ☑

5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

185%

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2010? (Check box if yes.) ☑

Part E : Indigent And Charity Care

1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	5,477,199	31,061,434	36,538,633
Outpatient	5,286,062	24,678,343	29,964,405
Total	**10,763,261**	**55,739,777**	**66,503,038**

2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	3,018,651
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	**3,018,651**

3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	5,477,199	31,061,434	36,538,633
Outpatient	5,286,062	21,659,692	26,945,754
Total	**10,763,261**	**52,721,126**	**63,484,387**

Part F : Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.
To add a row press the button. To delete a row press the minus button at the end of the row.
(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)
Inp Ch-I = Inpatient Charges (Indigent Care)
Out Vis-I = Outpatient Visits (Indigent Care)
Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)
Inp Ch-C = Inpatient Charges (Charity Care)
Out Vis-C = Outpatient Visits (Charity Care)
Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	0	0	2	1,182	4	38,283	37	47,966
Appling	0	0	0	0	1	35,163	0	0
Baldwin	0	0	0	0	1	909	6	10,844
Banks	0	0	0	0	0	0	5	9,298
Barrow	0	0	1	5,342	9	8,545	33	34,423
Bartow	9	690,283	32	587,366	11	36,779	45	100,273
Ben Hill	0	0	0	0	0	0	1	1,424
Berrien	0	0	0	0	0	0	5	807
Bibb	0	0	0	0	1	41,117	8	6,354
Brantley	0	0	0	0	0	0	1	2,721
Bryan	0	0	0	0	1	400	0	0
Butts	0	0	0	0	0	0	5	9,721
Carroll	1	60,563	3	52,098	10	36,535	37	87,092
Chatham	1	62,549	10	91,222	3	21,214	13	36,444
Chattahoochee	0	0	0	0	1	56,129	0	0
Chattooga	11	504,459	60	465,301	135	1,513,596	503	508,104
Cherokee	0	0	0	0	1	754	8	6,284
Clayton	2	59,539	24	24,106	22	233,823	157	254,333
Cobb	20	415,438	84	470,699	255	1,397,782	1,362	2,328,528
Coffee	0	0	0	0	0	0	7	11,772
Colquitt	0	0	0	0	0	0	2	3,791
Columbia	0	0	0	0	1	3,530	1	3,330
Cook	0	0	0	0	1	77,942	4	8,349
Coweta	2	39,812	4	9,113	5	62,229	29	69,796
Crawford	0	0	0	0	0	0	3	2,830
Dawson	1	1,624	12	106,687	15	157,902	60	83,943
DeKalb	36	161,619	128	585,444	416	8,850,577	3,147	6,297,985
Dooly	0	0	0	0	0	0	2	3,982
Dougherty	0	0	2	32,210	0	0	3	4,905
Douglas	4	89,789	14	39,766	22	739,049	132	247,186
Effingham	0	0	0	0	0	0	3	701
Elbert	0	0	1	776	1	76,854	2	6,241

Evans	0	0	0	0	0	0	2	4,830
Fannin	1	1,437	0	0	0	0	14	28,361
Fayette	3	155,681	2	7,475	5	1,693	43	28,421
Florida	0	0	1	19,819	8	46,959	83	209,208
Floyd	1	25,464	2	10,392	3	42,200	15	14,308
Forsyth	8	525,808	40	667,856	83	880,002	373	496,517
Franklin	0	0	0	0	1	13,275	0	0
Fulton	42	808,659	169	744,410	498	9,258,855	6,858	8,025,599
Gilmer	1	33,439	1	666	3	12,438	9	38,911
Glynn	0	0	0	0	1	13,037	4	13,489
Gordon	0	0	0	0	0	0	3	4,583
Greene	0	0	0	0	0	0	1	2,716
Gwinnett	34	548,042	118	516,576	296	3,246,882	1,894	3,694,070
Habersham	0	0	1	13,984	2	3,652	5	12,685
Hall	0	0	1	251	26	109,633	89	150,812
Haralson	1	141,449	1	7,695	2	984	1	226
Harris	0	0	0	0	0	0	2	1,158
Hart	0	0	0	0	1	14,494	2	3,066
Heard	0	0	0	0	0	0	1	5,153
Henry	3	31,631	4	36,854	19	107,084	114	180,190
Houston	0	0	0	0	1	1,000	15	15,066
Jackson	0	0	0	0	7	79,981	15	30,557
Lamar	0	0	0	0	2	29,749	1	1,685
Lumpkin	1	45,706	3	19,080	3	1,001,623	24	43,757
Macon	0	0	0	0	0	0	3	306
Madison	0	0	0	0	1	25	2	100
Meriwether	0	0	0	0	0	0	4	5,999
Monroe	0	0	0	0	2	554,761	3	3,525
Murray	1	1,068	4	471	2	316,160	1	264
Muscogee	0	0	1	7,897	0	0	10	14,571
Newton	0	0	3	42,958	7	85,604	67	91,930
North Carolina	4	174,975	4	7,143	6	8,272	36	161,037
Other Out of State	4	27,838	10	128,157	42	765,008	297	535,491
Paulding	2	78,730	4	13,521	16	269,129	51	89,805
Pickens	4	566,764	28	359,810	6	40,216	25	44,045
Pike	0	0	0	0	1	96	3	13,626
Polk	1	15,888	1	13,045	1	992	3	4,801
Putnam	0	0	0	0	1	1,131	3	1,827
Rabun	0	0	0	0	0	0	1	737
Randolph	0	0	0	0	0	0	1	226
Richmond	0	0	0	0	1	30,015	2	24,262
Rockdale	6	142,728	9	125,569	14	220,019	48	114,336
South Carolina	0	0	0	0	7	103,796	42	80,307
Spalding	1	38,238	1	567	1	21,644	7	8,625

Stephens	0	0	0	0	0	0	1	226
Talbot	0	0	0	0	0	0	1	1,082
Tennessee	0	0	0	0	2	153,947	34	74,064
Terrell	0	0	0	0	0	0	2	1,939
Thomas	0	0	0	0	1	16,587	6	3,975
Tift	0	0	0	0	1	855	1	206
Toombs	0	0	0	0	0	0	2	714
Towns	0	0	0	0	1	75,626	4	9,582
Troup	0	0	0	0	2	113,321	5	1,505
Twiggs	0	0	2	5,896	1	5,000	0	0
Union	0	0	2	13,667	1	992	5	24,814
Upson	0	0	0	0	1	17,075	6	45,652
Walton	1	27,979	1	2,146	5	5,430	31	88,256
Ware	0	0	0	0	0	0	5	5,807
Wayne	0	0	1	48,845	0	0	1	2,168
White	0	0	0	0	1	920	3	1,263
Whitfield	0	0	0	0	2	2,160	16	26,475
Total	**206**	**5,477,199**	**791**	**5,286,062**	**2,003**	**31,061,434**	**15,921**	**24,678,343**

Indigent Care Trust Fund Addendum

1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2010? (Check box if yes.) ☐

2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2010.

	Patient Category	SFY 2010 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	0
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	0	0
C.	Other Patients in accordance with the department approved policy.	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2010 7/1/09-6/30/10	SFY2010 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	0	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or incaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Chief Executive: Robert T. Quattrocchi

Date: 7/8/2011

Title: CEO

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Signature of Financial Officer: Deborah S. Mitcham

Date: 7/8/2011

Title: CFO

Comments: